

CLAIMS ONLY							Application Number 09834660	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1										
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48										
49										
50										
Total Indep	2									
Total Depend	48									
Claims	50									

* May be used for additional claims or amendments